

U.S. EPA I.D. NO. _____
USER FEDERAL I.D. NO. _____
FACILITY PERMIT NO. _____

CITY OF GRAND RAPIDS
BASELINE MONITORING REPORT/WASTEWATER DISCHARGE DISCLOSURE
REPORT
(BMR/WWDDR)

SECTION I. GENERAL INFORMATION

1. Parent Company: _____
Address: _____

2. Facility Name: _____
Address: _____

3. Authorized Contact Person:

Name	Title	Phone
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4. Nature of Business: _____

5. Has there been a change in ownership or facility name change since submittal of your last BMR? Yes _____ No _____

6. North American Industrial Classification System (NAICS) Code(s):
_____, _____, _____, _____, _____

7. What types of waste(s) do you discharge to the sanitary sewer:

- | | | |
|----|--------------------------------|-------|
| A. | Sanitary (domestic waste only) | _____ |
| B. | Contact Cooling | _____ |
| C. | Noncontact Cooling | _____ |
| D. | Storm Water | _____ |
| E. | Onsite Wastewater Pretreatment | _____ |
| F. | Air Pollution Control | _____ |
| G. | Groundwater Remediation | _____ |
| H. | Process | _____ |
| I. | Cafeteria | _____ |
| J. | Photo Lab | _____ |

K. Others, describe _____

8. Do you use, store, or discharge any acids or bases or priority pollutants as established by the U.S. EPA, or materials listed in Part 5 Spillage of oil and Polluting Materials, Rule 9, table 1 (Reference MDEQ website for complete rules).
Yes_____ No_____

9. Does the operation of your process or wastewater treatment facility result in a residual or sludge type waste?
Yes_____ No_____

10. Schedule of Operation:

A. Number of Employees: _____

B. Hours/Day: _____ Shifts/Day: _____
Days/Week: _____ Days/Year: _____

11. A. If you answered only A to question I.7. sign this form under Section IX.2., and return the form to the City of Grand Rapids.

B. If your answer to question I.7. is other than A. please complete Sections I. through IV., sign the form under Section IX.2., and return the form to the City of Grand Rapids.

12. Source of Water Supply:

A. Municipal Quantity (max.)_____gpd

B. Private Well Quantity (max.)_____gpd

C. Other,describe: _____

Quantity (max.)_____gpd

13. Facility Water Usage:

A. Process Quantity (max.)_____gpd

B. Noncontact Cooling Quantity (max.)_____gpd

C. Sanitary Quantity (max.)_____gpd

D. Other, describe: _____

Quantity (max.)_____gpd

14. Description:

Provide a narrative description of the water flow through your facility or proposed facility from intake to discharge. Describe all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water. Describe all significant losses of water to products, atmosphere, and discharge:

SECTION II. PROCESS AND PRODUCTS

1. Flow Diagram:

Provide a line diagram of the water flow through your facility or proposed facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water. Show all significant losses of water to products, atmosphere, and discharge. Provide a full facility schematic showing all water, process, sanitary sewer (label as process and sanitary) and storm water piping including the locations of all floor drains, sumps, blind sumps, and trench drains. Indicate where the sewer piping exits the facility.

2. Plans:

A. Has your facility submitted detailed site plans to the City of Grand Rapids?

Yes _____ No _____

B. If yes, has your facility changed since the last plan submittal?

Yes _____ No _____

C. If you answered No to Item A, or Yes to Item B., please submit with this completed form updated site plans, floor plans, mechanical and plumbing plans for your facility indicating in detail by size and location all sewers, sewer connections, water services, and monitoring manholes or locations.

3. Process Streams Contributing to this Discharge:

For each separate process provide the following information flow estimations appropriate for new sources):

PROCESS 1

A. Name of process contributing to discharge:

B. Process schedule(yearly average): Hours/Day _____
Days/Year _____

C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum _____gallons
Daily Maximum _____gallons

D. Type of discharge: Batch _____ Continuous _____

E. Process production rate: _____
units/time

F. U.S. EPA Category/Subpart: _____

G. NAICS Code: _____

PROCESS 2

A. Name of process contributing to discharge:

B. Process schedule(yearly average): Hours/Day _____
Days/Year _____

C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum _____gallons
Daily Maximum _____gallons

D. Type of discharge: Batch _____ Continuous _____

- E. Process production rate: _____
units/time
- F. U.S. EPA Category/Subpart: _____
- G. NAICS Code: _____

PROCESS 3

- A. Name of process contributing to discharge:
- B. Process schedule(yearly average): Hours/Day _____
Days/Year _____
- C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum _____gallons
Daily Maximum _____gallons
- D. Type of discharge: Batch _____ Continuous _____
- E. Process production rate: _____
units/time
- F. U.S. EPA Category/Subpart: _____
- G. NAICS Code: _____

PROCESS 4

- A. Name of process contributing to discharge:
- B. Process schedule(yearly average): Hours/Day _____
Days/Year _____
- C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum _____gallons
Daily Maximum _____gallons
- D. Type of discharge: Batch _____ Continuous _____
- E. Process production rate: _____
units/time
- F. U.S. EPA Category/Subpart: _____
- G. NAICS Code: _____

PROCESS 5

- A. Name of process contributing to discharge: _____
- B. Process schedule(yearly average): Hours/Day_____ Days/Year_____
- C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum_____gallons
Daily Maximum_____gallons
- D. Type of discharge: Batch_____ Continuous_____
- E. Process production rate: _____
units/time
- F. U.S. EPA Category/Subpart: _____
- G. NAICS Code: _____

PROCESS 6

- A. Name of process contributing to discharge:
- B. Process schedule(yearly average): Hours/Day_____ Days/Year_____
- C. Process volume flow rate: Total Yearly _____gallons
Daily Minimum_____gallons
Daily Maximum_____gallons
- D. Type of discharge: Batch_____ Continuous_____
- E. Process production rate: _____ units/time
- F. U.S. EPA Regulated Category/Subpart: _____
- G. NAICS Code:_____

4. Briefly describe the wastewater pretreatment system:

SECTION III. EXISTING OR EXPECTED WASTEWATER CHARACTERISTICS

1. Wastewater Characteristics:

Conventional Parameters:

CONCENTRATION (mg/L)

PARAMETER	AVERAGE	MAXIMUM	NO. OF ANALYSIS	SAMPLE TYPE
BODS				
COD				
TOC				
TOX				
Ammonia, Nitrogen (as N)				
Total Suspended Solids				
Total Phosphorus as P				

pH - minimum_____ maximum_____

Other Characteristics (Specify)

CONCENTRATION (mg/L)

PARAMETER	AVERAGE	MAXIMUM	NO. OF ANALYSIS	SAMPLE TYPE

2. Explain the following regarding the concentrations indicated in Section III:

Time, Date, and Place of Sampling:

Name(s) of Person(s) Obtaining Samples (attach statement from laboratory performing the analyses certifying the results):

3. Report all pollutants or materials contained in the Part 5 Spillage of oil and Polluting Materials, Rule 9, table 1: and U.S. EPA Priority Pollutant Listing that are used, manufactured, or stored that may be present in the discharge from your facility.

NAME OF SUBSTANCE	NAME OF SUBSTANCE

4. Report any other pollutants or materials that may be present in the discharge from your facility not listed in 1, 2, or 3 above.

NAME OF SUBSTANCE	NAME OF SUBSTANCE

SECTION IV. RESIDUALS, SLUDGES AND RESIDUES

- Are sludges, residuals, or critical materials produced as a result of treatment or control of your wastewater discharge?
Yes_____ No_____
- Is the sludge treated before disposal? Yes_____ No_____
- If yes, indicate type of treatment:
- Amount of sludge produced: _____
Amount Units/Time
- Indicate type of residual storage, if any:
- Is the sludge considered to be hazardous? Yes_____ No _____
- Physical Characteristics: Physical State_____
Percent Solids_____
- Does your facility dispose of the sludge itself?
Yes_____ No_____
- List name(s) and address(es) of all public and private landfills or land application sites where you dispose of the sludge.

10. List name(s) and address(es) of all commercial waste hauler(s) who transport the sludge.

SECTION V. SPILL PREVENTION AND CONTAINMENT

1. Does your facility have a Spill Prevention Control and Counter Measures Program (SPCC) as required by Title 40 Code of Federal Regulations Part 112 or a Pollution Incident Prevention Plan (PIPP) as required by the Michigan Water Resources Commission Act 245, P.A. of 1929, Part 5 Rules.

Yes _____ Date Completed: _____

No _____ Date of Last Update: _____

2. Has your SPCC or PIPP been approved?

Yes _____ Approval Date: _____

No _____

3. List bulk material stored on site (liquid and solid).

MATERIAL	DESCRIPTION OF CONTAINMENT STRUCTURE	VOLUME STORED

4. Is separate containment provided for each bulk material?

Yes _____ No _____ Same _____

5. Has separate storage been provided for those chemicals which cause hazardous reactions (i.e., acids with cyanide or acids and bases)?

Yes _____ No _____

SECTION VI. ENVIRONMENTAL CONTROL PERMITS

Please list all existing and pending environmental control permits in effect at this facility. Give permit number and reason for permit.

EXISTING PERMITS

STATE	LOCAL	U.S. EPA

PENDING PERMITS

STATE	LOCAL	U.S. EPA

SECTION VII. COMPLIANCE SCHEDULE:

1.	A.	<u>Action Items</u>	<u>Completion Dates</u>
		<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>
		<hr/>	<hr/>

B. Total Toxic Organics (TTOs):

_____ I waive the certification statement. My Solvent Management Plan is attached.

_____ I monitored for Total Toxic Organics. My results are attached.

_____ I achieved compliance for Total Toxic Organics Monitoring.

_____ I did not achieve compliance for Total Toxic Organics monitoring (see Item 1.A. above)

SECTION VIII. COMPLIANCE PROGRESS REPORTS

1. A. Periodic Progress Reports

_____ I submitted each required progress report to the following agency on the date(s) noted:

_____ I did not submit the required progress reports. My schedule is included in Section VII.

_____ I have not complied with each action item described in Section VII. My reasons for delay, as well as the necessary steps being taken to return to the schedule, are attached.

My revised schedule for achieving compliance is as follows:

<u>Action Items</u>	<u>Completion Dates</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Final Progress Reports:

_____I achieved compliance. See Section VII.

_____I did not achieve compliance. See Section VIII.

SECTION IX. CERTIFICATION STATEMENT AND SIGNATURE

1. Is any of the enclosed information considered to be confidential? Yes_____ No_____

If yes, explain what and why (all requests for confidentiality will be processed according to 40 CFR 2.302 and 40 CFR 403.14):

2. Qualified Professional Certification:

- A. I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the General Pretreatment Regulations and amendments thereto. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print)	Signature	Title	Date
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- B. Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name (print)	Signature	Title	Date
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U.S. EPA I.D. NO. _____
USER I.D. NO. _____
FACILITY PERMIT NO. _____

FOR OFFICE USE ONLY

Date Received: _____ In compliance: Yes _____ No _____

Follow-up Action Necessary:

_____ Letter	_____ Phone Contact
_____ Sampling	_____ Technical Meetings
_____ Inspection	

Reviewed by: _____ Date: _____